

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08125

Reg. Dist. No. 62

8149

## CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Caroline		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Caroline	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hillsboro		c. LENGTH OF STAY IN 1b 9 months		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton - Rural			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 20		d. STREET ADDRESS American Corner		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First Lula	Middle Versie	Last Beauchamp	4. DATE OF DEATH	Month August	Day 5	Year 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	Sept. 19, 1883	9. AGE (In years last birthday) 72 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Caroline Co., Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Burton W. Parker				14. MOTHER'S MAIDEN NAME Annabelle Noble			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Milford Kline, Hillsboro, Maryland		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 170X DUE TO Carcinoma Breast INTERVAL BETWEEN ONSET AND DEATH 3 years							
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b)		DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>Nov 4</u> , 1953, to <u>Aug 5</u> , 1956, that I last saw the deceased alive on <u>Aug 1</u> , 1956, and that death occurred at <u>11:45 A.M.</u> from the causes and on the date stated above. ACTUAL SIGNATURE <u>E. Paul Knotts M.D.</u> ADDRESS (Street, city or town, state) <u>Denton, Maryland</u> DATE SIGNED <u>1956</u>							
PHYSICIAN'S NAME (Type)		E. Paul Knotts, M.D. Denton, Maryland					
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Aug. 8, 1956		22c. NAME OF CEMETERY OR CREMATORIUM Hill Crest Cemetery		22d. LOCATION (City, town, or county) Federalsburg, Maryland (State)	
23. FUNERAL DIRECTOR'S SIGNATURE J.J. Frampton and Son, Federalsburg, Maryland		ADDRESS J.J. Frampton and Son, Federalsburg, Maryland		24a. REC'D BY REGISTRAR DATE <u>8/8/56</u>		24b. REGISTRAR'S SIGNATURE <u>John George</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4  
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,  
page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with  
the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

## CERTIFICATE OF DEATH

BUREAU Y.L.  
RECEIVED  
AUG 13 1956

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

108126  
eo

8150

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Caroline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Henderson		c. LENGTH OF STAY IN 1b 63 Yrs.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION None		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Henderson	
d. STREET ADDRESS None		d. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Georgana		First	Middle
Last		4. DATE OF DEATH	Month
Bordley		8	Day
		5	Year
		1956	
5. SEX Female	6. COLOR OR RACE Col.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6/8/1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Alacade Wilkerson		14. MOTHER'S MAIDEN NAME Linda Gibbs	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 220-09-6604	17. INFORMANT Wilmer F. Bordley Henderson, Md.
		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 199.1		INTERVAL BETWEEN ONSET AND DEATH 3 mo	
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)		Exhilaration Generalized Almond Greenema 6 mo	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While not while at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) -
20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from <u>Greensboro</u> , 19 <u>56</u> , to <u>Aug-4</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>8/4/56</u> , and that death occurred at <u>Greensboro</u> , M., from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>H.F. Silver</u>		ADDRESS (Street, city or town, state) Goldsboro, Maryland	
PHYSICIAN'S NAME (Type) H.F. Silver		DATE SIGNED 8/8/56	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 8/9/56	22c. NAME OF CEMETERY OR CREMATORIAL Mt. Zion
22d. LOCATION (City, town, or county) Near Marydel, Md.		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Boulais</u>		24a. REC'D BY REGISTRAR DATE 8/10/56	24b. REGISTRAR'S SIGNATURE <u>O. Clark Smith</u>
ADDRESS Greensboro, Md.			

## CERTIFICATE OF DEATH

NAME

MATERIAL

DATE

TIME

AGE

SEX

WEIGHT

HEIGHT

HAIR

EYES

HAIR

RECEIVED

AUG 14 1956

RECEIVED

BUREAU V.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8151

## CERTIFICATE OF DEATH

09178

Reg. Dist. No. 46

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be attached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)  
15M 9/55

1. PLACE OF DEATH a. COUNTY <b>Caroline</b>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Md.</b>		b. COUNTY <b>Caroline</b>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Greensboro, Md.</b>		c. LENGTH OF STAY IN 1b <b>3 mos.</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Main Street -- Preston, Md.</b>		d. STREET ADDRESS			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>Cherry Nursing Home</b>						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <b>Cecelia Elizabeth Collins</b>		First	Middle	Lost	4. DATE OF DEATH <b>August 29, 1956</b>	Month <b>August</b>	Day <b>29</b>	Year <b>1956</b>	
5. SEX <b>Fem.</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH <b>July 11, 1873</b>	9. AGE (In years last birthday) <b>83 yrs.</b>	IF UNDER 1 YEAR Months <b>83</b>	IF UNDER 24 HRS. Days <b>0</b>	Hours <b>0</b>	Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>seamstress</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (State or foreign country) <b>Preston, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13. FATHER'S NAME <b>Simon P. Nichols</b>			14. MOTHER'S MAIDEN NAME <b>Margaret Ann Edell</b>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Mrs. Clark Webb</b>		Address <b>Federalsburg, Md.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>420.1</b> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c) <b>Coronary Thrombosis</b> <b>Arteriosclerotic Cardiovascular Disease</b>									
INTERVAL BETWEEN ONSET AND DEATH									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)									
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)							
20c. TIME OF INJURY Month, Day, Year Hour a. m. <b>19</b> p. m.		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) <b>Greensboro, Maryland</b>		(County) <b>Caroline</b>	(State) <b>Md.</b>
21. I certify that I attended the deceased from <b>June 8, 1956</b> , to <b>Aug. 29, 1956</b> , that I last saw the deceased alive on <b>Aug. 29, 1956</b> , and that death occurred at <b>9 P.M.</b> from the causes and on the date stated above.									
ADDRESS (Street, city or town, state) <b>Greensboro, Maryland</b>									DATE SIGNED <b>9/1/56</b>
ACTUAL SIGNATURE <b>Charles H. Stonesifer, M.D.</b>									
PHYSICIAN'S NAME (Type) <b>Charles H. Stonesifer, M.D.</b>									
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		22b. DATE THEREOF <b>9/2/1956</b>		22c. NAME OF CEMETERY OR CREMATORIAL <b>Linchester Cemetery</b>		22d. LOCATION (City, town, or county) <b>Preston, Md.</b>			
23. FUNERAL DIRECTOR'S SIGNATURE <b>Charles H. Stonesifer</b>		ADDRESS <b>Federalsburg, Md.</b>		24a. REC'D BY REGISTRAR <b>9/2/1956</b>		24b. REGISTRAR'S SIGNATURE <b>L. Max Peppin</b>			

SEARCHED  
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FILED

SEARCHED

INDEXED

SERIALIZED  
FILED

BUREAU V. S.  
RECEIVED  
SEP 13 1956

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, or removal.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8152

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 081274

1. PLACE OF DEATH a. COUNTY <u>CAROLINE</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>TALBOT</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Burial - Hyson</u>		c. LENGTH OF STAY IN 1b _____	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>STATE HIGHWAY</u>		d. STREET ADDRESS <u>2 Locust St.</u>	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20-402-2	
3. NAME OF DECEASED (Type or print) <u>Floyd CLEON GEORGE</u>		First <u>Floyd</u> Middle <u>CLEON</u> Last <u>GEORGE</u>	4. DATE OF DEATH <u>Aug 29 1956</u>
5. SEX <u>MALE</u> 6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> b. DATE OF BIRTH <u>Nov. 8 1922</u>	9. AGE (In years last birthday) <u>33 yrs.</u>
8. FATHER'S NAME <u>Julius J. George</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver Bottled Gas</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Maryland</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. MOTHER'S NAME <u>Rose Bigger</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> <u>WWII</u>		16. SOCIAL SECURITY NO. <u>220-03-2338</u> 17. INFORMANT <u>Julius J. George, EASTON, Md.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock</u> DUE TO <u>Multiple Fractures</u> INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>		81274	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) <u>Automobile accident</u> DUE TO <u>Automobile accident</u>			
DUE TO <u>Automobile accident</u> (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Ran down by Automobile</u>	
20c. TIME OF INJURY Month, Day, Year Hour <u>5:30</u> Day <u>8/29/56</u> Year <u>56</u>		20d. INJURY OCCURRED While <input checked="" type="checkbox"/> Not while <input type="checkbox"/> of work <input checked="" type="checkbox"/> of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>Highway</u>		20f. (City or town) <u>Hyson</u> (County) <u>Caroline</u> (State) <u>Md.</u>	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>			
ACTUAL SIGNATURE <u>Julius J. George</u>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>8/31/56</u>	
EXAMINER'S NAME (Type) <u>DAVISON J. GEORGE</u>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
DEPUTY MEDICAL EXAMINER <input type="checkbox"/>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>SEPT. 1 56</u>	
22c. NAME OF CEMETERY OR CREMATORIAL <u>Spring Hill</u>		22d. LOCATION (City, town, or county) <u>Easton</u> (State) <u>Maryland</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. F. W. Gull, Easton, Md.</u>		ADDRESS <u>101 Franklin St., Easton, Md.</u>	
24a. REC'D BY REGISTRAR <u>JEP 4</u> DATE <u>1956</u>		24b. REGISTRAR'S SIGNATURE <u>Mrs. M. L. Hampton</u>	

RECEIVED  
BUREAU V. S.

SEP 4 1956

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8153

## CERTIFICATE OF DEATH

118128  
66

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <b>CAROLINE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MARYLAND</b>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>RIDGELY</b>		c. LENGTH OF STAY IN 1b 1b			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>RAILROAD AVE</b>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First <b>ALLEN.</b>	Middle <b>William</b>	Last <b>KEATING</b>		
4. DATE OF DEATH	Month <b>AUG.</b>	Day <b>6</b>	Year <b>1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>FEB. 24, 1895</b>		
9. AGE (In years last birthday) <b>61</b>	10. IF UNDER 1 YEAR Months <b>6</b>	11. IF UNDER 24 HRS. Days <b>0</b>	12. HOURS <b>0</b>		
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MECHANIC</b>	14. KIND OF BUSINESS OR INDUSTRY <b>APPAREL INDUSTRY</b>	15. BIRTHPLACE (State or foreign country) <b>ROCK HALL, MD.</b>	16. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>		
17. FATHER'S NAME <b>SAMUEL TILDEN KEATING</b>	18. MOTHER'S MAIDEN NAME <b>MARTHA SOMERS</b>	19. ADDRESS <b>Clenna W. Keating. DENTON, MD.</b>			
20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	21. SOCIAL SECURITY NO. <b>222-01-1477</b>	22. INFORMANT <b>Clenna W. Keating.</b>	23. INTERVAL BETWEEN ONSET AND DEATH <b>10-15 Min.</b>		
24. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>420.1</b> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. <b>Acute. Coronary. Thrombosis</b>		25. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Coronary. Sclerosis</b> — <b>Hypertension.</b>			
26. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner) <b>Has been under care of Dr. Thurston Harrison</b>		27. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 26) <b>Easton, Maryland</b> <b>4-5 years</b>			
28. TIME OF INJURY Month, Day, Year Hour o. p. p. m.	29. INJURY OCCURRED White at work <input type="checkbox"/> at work <input type="checkbox"/>	30. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <b>Ridgeley, Maryland</b>	31. (City or town) <b>Ridgeley, Maryland</b>	(County) <b>Caroline</b>	(State) <b>Maryland</b>
32. I certify that I attended the deceased from _____, 1956, to _____, 1956, that I last saw the deceased alive on _____, 1956, and that death occurred at 2:30 P.M., from the causes and on the date stated above. ACTUAL SIGNATURE <b>Charles H. Winncott</b>					
PHYSICIAN'S NAME (Type) <b>CHARLES H. WINNACOTT</b>					
33. ADDRESS (Street, city or town, state) <b>Ridgeley, Maryland</b>	34. DATE SIGNED <b>8-6-56</b>				
35. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	36. DATE THEREOF <b>8/9/56</b>	37. NAME OF CEMETERY OR CREMATORIAL <b>PARKWOOD CEMETERY</b>	38. LOCATION (City, town, or county) <b>BALTIMORE, MARYLAND</b>		
39. FUNERAL DIRECTOR'S SIGNATURE <b>Leonard J. Ruck</b>	40. ADDRESS <b>305 Hartford</b>	41. REC'D BY REGISTRAR <b>DATE 8-7-56</b>	42. REGISTRAR'S SIGNATURE <b>Mary E. Laird</b>		

WISCONSIN STATE DEPARTMENT OF HEALTH - AGRICULTURE 18

CERTIFICATE OF DEATH

BUREAU Y. 5

AUG 9 1956

RECEIVED

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the registrar prior to burial, cremation, or removal.

VS. A15ME(S)  
5M 9/55

2  
88

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
8154 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08129  
66

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Caroline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Ridgely		c. LENGTH OF STAY IN lb 78 Yrs.	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) None		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Ridgely	
d. STREET ADDRESS None		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First James	Middle Raymond	Last Murray
4. DATE OF DEATH	Month 8	Day 26	Year 1956
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/20/1878
9. AGE (In years last birthday) 78 yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Tenant	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME Alexander Murray		
14. MOTHER'S MAIDEN NAME Mary Gremmich		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 218-34-3381		17. INFORMANT Annie Murray Ridgely, Maryland	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Insufficiency</i> DUE TO <i>420.1</i> <span style="float: right;">INTERVAL BETWEEN ONSET AND DEATH <i>Sudden</i></span> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <i>Atherosclerosis</i> DUE TO <i>2 yrs</i> (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/>			
ACTUAL SIGNATURE <i>Dawson O. George</i>	M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		DATE SIGNED 8/27/56
EXAMINER'S NAME (Type) <i>Dawson O. George M.D.</i>	22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		
22b. DATE THEREOF 8/30/56	22c. NAME OF CEMETERY OR CREMATORIAL Henry Burial Ground	22d. LOCATION (City, town, or county) (State) Ridgely, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE <i>J. E. Boulaire Greenbriar, Md.</i>	ADDRESS	24a. REC'D BY REGISTRAR DATE 8/28/56	24b. REGISTRAR'S SIGNATURE <i>Mary E. Laird</i>

RECEIVED  
BUREAU K-5

AUG 29 1956

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending", in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the registrar prior to burial or removal.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## 8155 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

18138  
Reg. Dist. No. 100

1. PLACE OF DEATH a. COUNTY Caroline MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Delaware b. COUNTY New Castle ✓				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Henderson	c. LENGTH OF STAY IN 1b 8 Hrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Newark R.D. 2			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) None	d. STREET ADDRESS None	e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First George Middle E. Last Webb	4. DATE OF DEATH Month 8 Day 27 Year 1956				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> b. DATE OF BIRTH 6/24/1927	9. AGE (in years last birthday) 29 yrs.	10. IF UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS. Hours Min.
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist Chrysler Corp/	10b. KIND OF BUSINESS OR INDUSTRY Corp/	11. BIRTHPLACE (State or foreign country) Delaware	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George Webb 3rd.	14. MOTHER'S MAIDEN NAME Edna P. Cole				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) Yes Unknown	16. SOCIAL SECURITY NO. 221-16-0755	17. INFORMANT Margaret N. Webb Newark, Delaware			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Internal Injuries - Hemorrhage</u> <span style="float: right;">INTERVAL BETWEEN ONSET AND DEATH 1/2 hr</span> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>accident</u> DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>&gt;Loading truck with logs. Severe log fell on him.</u>					
20c. TIME OF INJURY Hour <u>6</u> p.m.	20d. INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>woods</u>	20f. (City or town) <u>Rural Henderson, Carteret, Md.</u>	(County)	(State)
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>					
ACTUAL SIGNATURE <u>Dawson O. George</u>	M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>	ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	DATE SIGNED <u>8/27/56</u>	
EXAMINER'S NAME (Type) Dawson O. George M.D.	22b. DATE THEREOF 8/30/56	22c. NAME OF CEMETERY OR CREMATORIUM Gracelawn	22d. LOCATION (City, town, or county) Farnhurst, Delaware	(State)	
22e. BURIAL, CREMATION, REMOVAL (Specify) Burial	24a. REG. BY REGISTRAR DATE	24b. REGISTRAR'S SIGNATURE <u>J. E. Boulaire Greensboro, Md.</u>			
23. FUNERAL DIRECTOR'S SIGNATURE J. E. Boulaire Greensboro, Md.	ADDRESS	24c. REG. BY REGISTRAR DATE	24d. REGISTRAR'S SIGNATURE <u>J. E. Boulaire Greensboro, Md.</u>		

WEIERSTRASS-CARLSON STATE SPANNING THEOREM

BUREAU Y. S.

Aug 29 1956

REGELVÉD